



WATER WELL REPORT

Original & 1st copy - Ecology, 2nd copy - owner, 3rd copy - driller

Construction/Decommission ("x" in circle) 263449

☒ Construction

☐ Decommission ORIGINAL INSTALLATION Notice of Intent Number _____

PROPOSED USE:		<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	<input type="checkbox"/> Municipal
<input type="checkbox"/> DeWater		<input type="checkbox"/> Irrigation	<input type="checkbox"/> Test Well	<input type="checkbox"/> Other _____
TYPE OF WORK: Owner's number of well (if more than one) _____				
<input checked="" type="checkbox"/> New well		<input type="checkbox"/> Reconditioned	Method: <input type="checkbox"/> Dug <input type="checkbox"/> Bored <input type="checkbox"/> Driven	
<input type="checkbox"/> Deepened		<input checked="" type="checkbox"/> Cable	<input type="checkbox"/> Rotary	<input type="checkbox"/> Jetted
DIMENSIONS: Diameter of well <u>6</u> inches, drilled <u>213</u> ft.				
Depth of completed well <u>213</u> ft.				
CONSTRUCTION DETAILS				
Casing	<input checked="" type="checkbox"/> Welded	<u>6</u> "	Diam. from <u>+1.5</u> ft. to <u>203</u> ft.	
Installed:	<input type="checkbox"/> Liner installed		Diam. from _____ ft. to _____ ft.	
	<input type="checkbox"/> Threaded		Diam. from _____ ft. to _____ ft.	
Perforations: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of perforator used _____				
SIZE of perfs _____ in. by _____ in. and no. of perfs _____ from _____ ft. to _____ ft.				
Screens: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> K-Pac Location <u>202</u>				
Manufacturer's Name _____				
Type	<u>Stainless</u>	Model No.	<u>Tele</u>	
Diam.	<u>5</u>	Slot size	<u>10</u>	from <u>203</u> ft. to <u>213</u> ft.
Diam.		Slot size		from _____ ft. to _____ ft.
Gravel/Filter packed: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel/sand _____ ft.				
Materials placed from _____ ft. to _____ ft.				
Surface Seal: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No To what depth? <u>18</u> ft.				
Material used in seal <u>Bentonite</u>				
Did any strata contain unusable water? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Type of water? _____ Depth of strata _____				
Method of sealing strata off _____				
PUMP: Manufacturer's Name _____				
Type: _____ H.P. _____				
WATER LEVELS: Land-surface elevation above mean sea level <u>?</u> ft.				
Static level <u>191</u> ft. below top of well Date _____				
Artesian pressure _____ lbs per square inch Date _____				
Artesian water is controlled by _____ (cap, valve, etc.)				
WELL TESTS: Drawdown is amount water level is lowered below static level				
Was a pump test made? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____				
Yield:	gal./min. with _____	ft. drawdown after _____	hrs.	
Yield:	gal./min. with _____	ft. drawdown after _____	hrs.	
Yield:	gal./min. with _____	ft. drawdown after _____	hrs.	
Recovery data (time taken as zero when pump turned off) (water level measured from well top to water level)				
Time	Water Level	Time	Water Level	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Date of test _____				
Bailer test	<u>10</u> gal./min. with <u>5</u> ft. drawdown after <u>24</u> hrs.			
Artest	gal./min. with stem set at _____ ft. for _____ hrs.			
Artesian flow _____ g.p.m. Date _____				
Temperature of water _____ Was a chemical analysis made? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

CURRENT

Notice of Intent No. W238319

Unique Ecology Well ID Tag No. APR 951

Water Right Permit No. ARUCE ENTER

Property Owner Name MARY MATTHEW

Well Street Address 3611 Sunrise View Ln

City Greenbank County Island

Location SE 1/4-1/4 NE 1/4 Sec 21 Twn 20 R 2 ☒ EWM or WWM circle one

Lat/Long (s, t, r) Lat Deg _____ Lat Min/Sec _____

Still REQUIRED) Long Deg _____ Long Min/Sec _____

Tax Parcel No. R 23021-508-3370

CONSTRUCTION OR DECOMMISSION PROCEDURE

Formation: Describe by color, character, size of material and structure, and the kind and nature of the material in each stratum penetrated, with at least one entry for each change of information. (USE ADDITIONAL SHEETS IF NECESSARY.)

MATERIAL	FROM	TO
Brown Hard Pan	0	17
clay	17	32
Silty Sand	32	55
sand	55	76
Clay	76	97
Silty Sand	97	135
Sand	135	154
Sandy Clay	154	166
Sand Gravel clay mix	166	176
Silty sand	176	200
Fine sand	200	213
more sand	213	

Well site approval by
Island County Health

RECEIVED

MAY 31 2007

DEPT. OF ECOLOGY

Start Date 5-14-07 Completed Date 5-17-07

WELL CONSTRUCTION CERTIFICATION: I constructed and/or accept responsibility for construction of this well, and its compliance with all Washington well construction standards. Materials used and the information reported above are true to my best knowledge and belief.

☒ Driller ☐ Engineer ☐ Trainee Name (Print) B. Boonstra
Driller/Engineer/Trainee Signature Gert Boonstra
Driller or trainee License No. 0038

If TRAINEE,
Driller's Licensed No. _____
Driller's Signature _____

Drilling Company WHIDBEY DRILLERS
Address 716 Holbrook Rd
City, State, Zip Coupeville WA 98239
Contractor's
Registration No. WHIDBWD94499 Date 5.18.07
Ecology is an Equal Opportunity Employer.